

Hazardous Waste Section
File Room Document Transmittal Sheet

17

Your Name: BARBARA RYAN
EPA ID: NCR000154609
Facility Name: CVS PHARMACY #7329
Document Group: General (G)
Document Type: Hazardous Waste Report (HWR)
Description: 2015 BI-REPORT
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U.S. ENVIRONMENTAL PROTECTION AGENCY

RCRA SUBTITLE C SITE IDENTIFICATION FORM (2015)

The Appropriate State or EPA Regional Office

Send completed form to this address:

1. Reason for Submittal

MARK ALL BOX(ES) THAT APPLY

- Reason for Submittal:**
- To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
 - To provide Subsequent Notification of Regulated Waste Activity (to update site identification information).
 - As a component of a First RCRA Hazardous Waste Part A Permit Application.
 - As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).
 - As a component of the Hazardous Waste Report. (If marked, see sub-bullet below)
 - Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID Number

EPA ID Number: NCR000154609

3. Site Name

Name: CVS PHARMACY #7329

4. Site Location Information

Street Address: 1802 SOUTH HORNER BLVD
 City, Town, or Village: SANFORD
 State: NC Country: US County: NC105
 Zip Code: 27330

5. Site Land Type

- Private County District Federal Indian Municipal State Other

6. NAICS Code(s) for the Site

A. 446110 B. C. D.

7. Site Mailing Address

Street or P. O. Box: 1 CVS DR, MAIL DROP 23062A
 City, Town, or Village: WOONSOCKET
 State: RI Country: US Zip Code: 02895

8. Site Contact Person

First Name: Nicole MI: Last Name: Wilkinson
 Title: Sr. Manager, Corporate Environmental
 Street or P. O. Box: 1 CVS DR, MAIL CODE 2340
 City, Town, or Village: WOONSOCKET
 State: RI Country: US Zip Code: 02895
 Email: Nicole.Wilkinson@CVSHealth.com
 Phone: 4017707132 Ext: Fax: 4016521901

9. Operator and Legal Owner of the Site

- A. Name of Site's Owner: Kinsey, LLC** Date Became 02/21/2000
 Owner:
 Type: Private County District Federal Indian Municipal State Other
 Street or P. O. Box: 14338 MANDRLEIGH WOODS DR
 City, Town, or Village: TOWN AND COUNTRY
 State: MO Country: US Phone: 3148787858
 Zip Code: 63017
- B. Name of Site's Operator: North Carolina CVS Pharmacy, L.L.C.** Date Became 03/19/2000
 Operator:
 Type: Private County District Federal Indian Municipal State Other

D. Eligible Academic Entities with Laboratories-Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:
 - a. College or University
 - b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
 - c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
- 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Wastes

A. Waste Codes for Federally Regulated Hazardous Wastes.

Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.
D001, D002, D007, D009, D010, D024, P001, P075, U002, U129, U188, U205

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.

Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-7.

1. Generator of Hazardous Waste

If Yes, choose only one of the following - a, b, or c.

- a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

If "Yes" above, indicate other generator activities.

2 Short-Term Generator (generate from a short-term or onetime event and not from on-going processes). If "Yes", provide an explanation in the Comments

3. United States Importer of Hazardous Waste

4. Mixed Waste (hazardous and radioactive) Generator

5. Transporter of Hazardous Waste
If Yes, mark all that apply.

- a. Transporter
- b. Transfer Facility (at your site)

6. Treater, Storer, or Disposer of Hazardous Waste (at your site)

Note: A hazardous waste permit is required for this activity.

7. Recycler of Hazardous Waste (at your site)

8. Exempt Boiler and/or Industrial Furnace
If Yes, mark each that applies.

- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption

9. Underground Injection Control

10. Receives Hazardous Waste from Off-site

B. Universal Waste Activities; Complete all parts 1-2.

1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site.
If "Yes", mark all boxes that apply:

- a. Batteries
- b. Pesticides
- c. Mercury containing equipment
- d. Lamps
- e. Other (specify) _____
- f. Other (specify) _____
- g. Other (specify) _____

2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this

C. Used Oil Activities; Complete all parts 1-4.

1. Used Oil Transporter
If Yes, mark each that applies.

- a. Transporter
- b. Transfer Facility

2. Used Oil Processor and/or Re-refiner
If Yes, mark each that applies.

- a. Processor
- b. Re-refiner

3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer
If Yes, mark each that applies.

- a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- b. Marketer Who First Claims the Used Oil Meets the Specifications

12. Notification of Hazardous Secondary Material (HSM) Activity

Y **N** Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

This notification is updating the Site Contact information

14. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Operator, Owner, or an Authorized Representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	CHARLES SAVAGE, REGULATORY COMPLIANCE SPECIALIST	03/01/2016